

CENTRON SECURITY SERVICES

Daily Security Report

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Client Name O: Hi MATERIALS Facility Equipment Detex Clock Weapon For Detex Clock Weapon For Detex Clock Weapon For Detex Clock Weapon For Detex Clock Weapon Nightstree Raiacoat Flashlight Client Name Detex Clock Weapon Flashlight Client Name Detex Clock Weapon Raiacoat Flashlight Client Name Raiacoat Flashlight Client Name Raiacoat Raiacoat Flashlight Client Name Raiacoat Raiacoat Raiacoat Flashlight Client Name Raiacoat Raiacoat																
Facility Dutex Clock Weapon Ro.	H	olster	Nightstick	Raisc	oat V	lashlight	10	Other GP	IE 4	TROI	LER	KEY		,		
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.	Tenneth Freli						ofe pel vecchio					Officer draws Shift Mames, EULENE				
	Shift Began	1	8 MPM	Ended	4 AM-EM	Shift Began		4 4) Enged	D /	Shift Degan	12-	AMPM	Ended &		(AM)PM
Observations or actions taken	Yes	No		Explanation	/ ~ (2)	Yes	No		Explanation		Yes	No		Explanation		
Rounds or stations missed		V										i /				
Unlocked doors, gates or windows		1/						/				V				
Unlocked vaults or safes		V		. =								2	· 	,		
Fire-smoke-or hazards		V		<u> </u>			ت					1/				
Extinguishers missing or defective		V										0			 	
2. Sprinkler system defective		2														
3. Fire doors or exits blocked		V		·						·						
4. Rubbish accumulation		V										1/				
5. Motors running		V							<u>.</u>							
6. Lights left burning		V								·						
Injury hazards		1	•	_						<u>-</u>						
Visitors 10110 Apragarah	nha	wk.	men he	u to Lo	ok ag	ر. ا		Phot c	huff a	lel wered	. 50cm	1890				
Trespassing		レ	traile	7;					Reg	MAFron	5	W				
Violation of company rules		-							/			V				
Remarks 1040 AM- 7	rias	are	- mah	awle n	nen L	محو	to	Sook !	y tra	iler.	1. 30	- l	avod.	(7.7))	
10:25 AM.	ne		_	ank -	vent	. م	toi	lth	ores.	resid	the	nial I	wak	uk X F	3	
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Jeower oz	in	Tre	relentit	FD Dr	Liven	EU .	hea	TER	47-0	H.M.	Tals	17	107	PC	TARA TARA	ESA
IMPORTANT: If you were ill or injured pl	lease expl			f this form an	d call your su				t.	•						
1. Were you injured during this tour?			Day Shift Yes (Ng)	Yes No	2. Yes	No	3. Swing : Yes		Yes No	2 Yes		Grave Shift Yes No	1 Yes	No 2.	Yes N	3.
2. Did you suffer any illness?			Yes (No)	Yes No	Yes	No	Yes	٦	Yes No	Yes		Yes (No.	Yes			io
3. Have you reported all accidents coming to	your atten		Yes No	Yes No	Yes	No	60	No,	Yes No	Yes		Ves No	Yes			lo
Charlf 12m	Si	gnatures	Day Shift/	nnet	+ FL	lif	Swing :	Mor	Del	Very		Opene Shin	10 × K	1 Olan	Tis	
Chaft 6 5m	S	ignatures	2.				2					2.		· ••••		
/ *	s	ignatures	3.				3			******		3.:	1 (20)41 (43875		İ
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